

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacies  
All Prescribers  
Managed Care Plans

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Subject:** Prescription Drug Program: Additions and Changes to the Washington Preferred Drug List and Changes to Expedited Prior Authorization Criteria

**Memorandum No: 05-29 MAA**  
**Issued: June 1, 2005**

**For More Information, call:**  
1-800-562-6188

**Effective for claims with dates of service on and after July 1, 2005, unless otherwise specified**, the Medical Assistance Administration (MAA) will implement the additions and changes to the Washington Preferred Drug List and expedited prior authorization (EPA) outlined in this numbered memorandum.

### **Additional Therapeutic Drug Classes to be implemented as part of the Washington Preferred Drug List**

Therapeutic Drug Class	Preferred Drugs	Nonpreferred Drugs
Inhaled Corticosteroids	<p><b>Generic:</b></p> <p><b>Brand:</b></p> <ul style="list-style-type: none"> <li>Aerobid/Aerobid-M® (flunisolide MDI)</li> <li>Azmacort® (triamcinolone acetonide MDI)</li> <li>Flovent® (fluticasone propionate MDI)</li> <li>Flovent Rotadisk® (fluticasone propionate DPI)</li> <li>Pulmicort Respules® (budesonide inhalation suspension)</li> <li>Qvar® (beclomethasone dipropionate MDI)</li> </ul>	<p><b>Generic:</b></p> <p><b>Brand:</b></p> <ul style="list-style-type: none"> <li>Pulmicort Turbuhaler® (budesonide DPI)</li> </ul>

**Continued on next page...**

Therapeutic Drug Class	Preferred Drugs	Nonpreferred Drugs
<b>Second Generation Antidepressants</b> <i>*not subject to therapeutic interchange program (TIP).</i>	<b>Generic:</b> bupropion/SR** citalopram fluoxetine HCl mirtazapine/soltab paroxetine HCl  <b>Brand:</b>	<b>Generic:</b> fluvoxamine nefazodone  <b>Brand:</b> Celexa® (citalopram) Cymbalta® (duloxetine HCl) Effexor® /XR (venlafaxine) Lexapro® (escitalopram oxalate) Luvox® (fluvoxamine) Paxil® /CR (paroxetine HCl) Pexeva® (paroxetine mesylate) Prozac® /Prozac Weekly® (fluoxetine HCl) Remeron® /soltab (mirtazapine) Serzone® (nefazodone) Wellbutrin® /SR/XL (bupropion/SR) Zoloft® (sertraline)

\*\*bupropion SR still requires Expedited Prior Authorization (EPA) for diagnosis of depression.

### Changes to Therapeutic Drug Classes as part of the Washington Preferred Drug List

Effective for dates of service on and after July 1, 2005, MAA will make the following changes:

Therapeutic Drug Class	Preferred Drugs	Nonpreferred Drugs
<b>Non-Sedating Antihistamines</b>	<b>Generic:</b> loratadine OTC  <b>Brand:</b>	<b>Generic:</b>  <b>Brand:</b> Allegra® (fexofenadine) Claritin® (loratadine) Clarinet® (desloratadine) Zyrtec® (cetirizine HCl)

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Triptans	<b>Generic:</b>  <b>Brand:</b> Amerge® (naratriptan) Axert® (almotriptan) Frova® (frovatriptan) Imitrex® injection (sumatriptan) Imitrex® nasal spray (sumatriptan) Imitrex® tablets (sumatriptan) Maxalt MLT® (rizatriptan) Relpax® (eletriptan) Zomig®/ZMT (zolmitriptan)	<b>Generic:</b>  <b>Brand:</b> Maxalt® (rizatriptan) Zomig® nasal spray (zolmitriptan)

## Changes to Expedited Prior Authorization Criteria

MAA is revising policy published in Memorandum Number 05-26 MAA. This memo, effective June 1, 2005, indicates there will be a change to MAA's EPA criteria for Non Steroidal Anti Inflammatory Drugs (NSAIDs).

The EPA criteria for NSAIDs appears in the memo as follows:

141	All of the following must apply:  a) An absence of history of ulcer or gastrointestinal bleeding; and b) An absence of history of cardiovascular disease.
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This change is being amended by MAA, and **will not be effective June 1, 2005.**

MAA is amending these criteria as follows. The amended information below supersedes that which was originally published in Numbered Memorandum 05-26 MAA.

141	An absence of history of ulcer or gastrointestinal bleeding.
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Please note that all other information in Numbered Memorandum 05-26 MAA remains in effect.

## **Billing Instructions Replacement Pages**

Attached are replacement pages H.11-H.12 and N.3-N.8 for MAA's *Prescription Drug Program Billing Instructions*.

### **How can I get MAA's provider issuances?**

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link).

To request a free paper copy from the Department of Printing:

- **Go to:** <http://www.prt.wa.gov/> (Orders filled daily)  
Click on General Store. Follow prompts to Store Lobby → Search by Agency → Department of Social and Health Services → Medical Assistance Administration → desired issuance; **or**
- **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

<b>Drug</b>	<b>Code</b>	<b>Criteria</b>	<b>Drug</b>	<b>Code</b>	<b>Criteria</b>
<b>Lamisil®</b> <i>(terbinafine HCl)</i>		Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:  042 Diabetic foot; 043 History of cellulitis secondary to onychomycosis and requiring systemic antibiotic therapy; 051 Peripheral vascular disease; <b>or</b> 052 Patient is immunocompromised.	<b>Nephrocaps®</b> <i>(ferrous fumarate/folic acid)</i>	096	Treatment of patients with renal disease.
<b>Levorphanol</b>	040	Diagnosis of cancer-related pain.	<b>Nephro-FER®</b> <i>(ferrous fumarate/folic acid)</i>		
<b>Lotrel®</b> <i>(amlodipine besylate/benazepril)</i>	038	Treatment of hypertension as a second line agent when blood pressure is not controlled by any:  a) ACE inhibitor alone; <b>or</b> b) Calcium channel blocker alone; <b>or</b> c) ACE inhibitor and a calcium channel blocker as two separate concomitant prescriptions.	<b>Nephro-Vite®</b> <i>(vitamin B comp W-C)</i>		
<b>Lunesta™</b> <i>(eszopiclone)</i>	006	Short term treatment of insomnia. Drug therapy is limited to ten in 30 days, after which the patient must be re-evaluated by the prescriber before therapy can continue.	<b>Nephro-Vite RX®</b> <i>(folic acid/vitamin B comp W-C)</i>		
<b>Metadate CD®</b> <i>(methylphenidate HCl)</i>		See criteria for Concerta®.	<b>Nephro-Vite+FE®</b> <i>(fe fumarate/FA/vitamin B comp W-C)</i>		
<b>Miralax®</b> <i>(polyethylene glycol)</i>		See criteria for Glycolax Powder®	<b>Nephron FA®</b> <i>(fe fumarate/dos/FB comp &amp; C)</i>		
<b>Naltrexone</b>		See criteria for ReVia®.	<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>	141	<b>An absence of a history of ulcer or gastrointestinal bleeding.</b>
			Ansaid® <i>(flurbiprofen)</i>		
			Arthrotec® <i>(diclofenac/misoprostol)</i>		
			Bextra® <i>(valdecoxib)</i>		
			Cataflam® <i>(diclofenac)</i>		
			Celebrex® <i>(celecoxib)</i>		
			Clinoril® <i>(sulindac)</i>		
			Daypro® <i>(oxaprozin)</i>		
			Feldene® <i>(piroxicam)</i>		
			Ibuprofen		
			Indomethacin		
			Lodine® Lodine XL® <i>(etodolac)</i>		
			Meclofenamate		
			Mobic® <i>(meloxicam)</i>		
			Nalfon® <i>(fenoprofen)</i>		
			Naprelan® Naprosyn® <i>(naproxen)</i>		
			Orudis® Oruvail® <i>(ketoprofen)</i>		
			Ponstel® <i>(mefenamic acid)</i>		
			Relafen® <i>(nabumetone)</i>		
			Tolectin® <i>(tolmetin)</i>		
			Toradol® <i>(ketorolac)</i>		
			Voltaren® <i>(diclofenac)</i>		

<b>Drug</b>	<b>Code</b>	<b>Criteria</b>	<b>Drug</b>	<b>Code</b>	<b>Criteria</b>
<b>Oxandrin®</b> <i>(oxandrolone)</i>		Before any code is allowed, there must be an absence of all of the following:  a) Hypercalcemia; b) Nephrosis; c) Carcinoma of the breast; d) Carcinoma of the prostate; and e) Pregnancy.	<b>Plavix®</b> <i>(clopidogrel bisulfate)</i>	116	When used in conjunction with stent placement in coronary arteries. Supply limited to 9 months after stent placement.
	110	Treatment of unintentional weight loss in patients who have had extensive surgery, severe trauma, chronic infections (such as AIDS wasting), or who fail to maintain or gain weight for no conclusive pathophysiological cause.		136	For use in patients with atherosclerosis documented by recent myocardial infarction, recent stroke, or established peripheral artery disease and have failed aspirin. A patient that is considered an aspirin failure has had an atherosclerotic event (MI, stroke, intermittent claudication) after the initiation of once-a-day aspirin therapy.
	111	To compensate for the protein catabolism due to long-term corticosteroid use.	<b>Pravachol®</b> <i>(pravastatin sodium)</i>	039	Patient has a clinical drug-drug interaction with other statin-type cholesterol-lowering agents.
	112	Treatment of bone pain due to osteoporosis.	<b>Prevacid® Solutab</b> <i>(lansoprazole)</i>	050	Inability to swallow oral tablets or capsules.
<b>OxyContin®</b> <i>(oxycodone HCl)</i>	040	Diagnosis of cancer-related pain.	<b>Pulmozyme®</b> <i>(dornase alpha)</i>	053	Diagnosis of cystic fibrosis and the patient is 5 years of age or older.
<b>Parcopa®</b> <i>(carbidopa/levodopa)</i>	049	Diagnosis of Parkinson's disease and one of the following:  a) Must have tried and failed generic carbidopa/levodopa; or b) Be unable to swallow solid oral dosage forms.	<b>Rebetol®</b> <i>(ribavirin)</i>		See criteria for Copegus®.
<b>PEG-Intron®</b> <i>(peginterferon alpha-2b)</i>	109	Treatment of chronic hepatitis C in patients 18 years of age or older.	<b>Rebetron®</b> <i>(ribaviron/interferon alpha-2b, recombinant)</i>	008	Treatment of chronic hepatitis C in patients with compensated liver disease who have relapsed following alpha interferon therapy.
<b>Pegasys®</b> <i>(peginterferon alpha-2a)</i>	109	Treatment of chronic hepatitis C in patients 18 years of age or older.		009	Treatment of chronic hepatitis C in patients with compensated liver disease.
			<b>Remicade® Injection</b> <i>(infliximab)</i>	022	Treatment of rheumatoid arthritis in combination with methotrexate when prescribed by a rheumatologist in those patients who have had an inadequate response to methotrexate alone.

## Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Estrogens	<b>Generic:</b> estradiol tablets  <b>Brand:</b> Menest® ( <i>esterified estrogens</i> ) Premarin® cream ( <i>conjugated equine estrogen vaginal cream</i> )	<b>Generic:</b>  <b>Brand:</b> Cenestin® ( <i>synthetic conjugated estrogens</i> ) Climara® ( <i>estradiol</i> ) transdermal Esclim® ( <i>estradiol</i> ) transdermal Estrace® ( <i>estradiol</i> ) oral/vaginal Estraderm® transdermal Estring® ( <i>estradiol</i> ) vaginal ring Femring® ( <i>estradiol</i> ) vaginal ring Ogen® ( <i>estropipate</i> ) Premarin® ( <i>conjugated estrogens</i> ) oral Vagifem® ( <i>estradiol</i> ) vaginal tablets Vivelle®/DOT ( <i>estradiol</i> ) transdermal
Histamine-2 Receptor Antagonist (H2RA) (*Not subject to TIP. See pg. M.1.)	<b>Generic:</b> ranitidine  <b>Brand:</b>	<b>Generic:</b> cimetidine famotidine nizatidine  <b>Brand:</b> Axicid® ( <i>nizatidine</i> ) Pepcid® ( <i>famotidine</i> ) Tagamet® ( <i>cimetidine</i> ) Zantac® ( <i>ranitidine</i> )

## Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Inhaled Corticosteroids  	<b>Generic:</b> <b>Brand:</b> Aerobid/Aerobid-M® (flunisolide MDI) Azmacort® (triamcinolone acetonide MDI) Flovent® (fluticasone propionate MDI) Flovent Rotadisk® (fluticasone propionate DPI) Qvar® (beclomethasone dipropionate MDI) Pulmicort Respules® (budesonide inhalation suspension)	<b>Generic:</b> <b>Brand:</b> Pulmicort Turbuhaler® (budesonide DPI)
Insulin-release stimulant type oral hypoglycemics	<b>Generic:</b> glipizide (immediate release only) glyburide  <b>Brand:</b>	<b>Generic:</b> chlorpropamide glipizide XR glyburide micronized tolazamide tolbutamide  <b>Brand:</b> Amaryl® ( <i>glimepiride</i> ) Diabinese® ( <i>chlorpropamide</i> ) DiaBeta® ( <i>glyburide</i> ) Glucotrol® /XR ( <i>glipizide</i> ) Glynase® ( <i>glyburide micronized</i> ) Tolinase® ( <i>tolazamide</i> ) Micronase® ( <i>glyburide micronized</i> ) Orinase® ( <i>tolbutamide</i> ) Prandin® ( <i>repaglinide</i> ) Starlix® ( <i>nateglinide</i> )

## Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Long-Acting Opioids (oral tabs/caps/liquids) (*Not subject to TIP. See pg. M.1.)	<b>Generic:</b> methadone morphine sulfate SA/SR Oramorph SR  <b>Brand:</b>	<b>Generic:</b> levorphanol oxycodone ER  <b>Brand:</b> Avinza® ( <i>morphine sulfate</i> ) Duragesic® ( <i>fentanyl</i> ) transdermal Kadian® ( <i>morphine sulfate SR</i> ) Levo-Dromoran® ( <i>levorphanol</i> ) MS Contin® ( <i>morphine sulfate</i> ) OxyContin® ( <i>oxycodone</i> )
Non-Sedating Antihistamines	<b>Generic:</b> loratadine OTC  <b>Brand:</b>	<b>Generic:</b>  <b>Brand:</b> Allegra® ( <i>fexofenadine</i> ) Clarinex® ( <i>desloratadine</i> ) Claritin® ( <i>loratadine</i> ) Zyrtec® ( <i>cetirizine</i> )

## Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Nonsteroidal anti-inflammatory drugs (NSAID) Cyclo-oxygenase - 2 (Cox-II) Inhibitors	<b>Generic:</b> diclofenac potassium diclofenac sodium etodolac /XL fenoprofen flurbiprofen ibuprofen indomethacin ketoprofen nabumetone naproxen sodium oxaprozin piroxicam salsalate sulindac tolmetin  <b>Brand:</b>	<b>Generic:</b> <b>Brand:</b> Anaprox® /DS ( <i>naproxen sodium</i> ) Ansaid® ( <i>flurbiprofen</i> ) Bextra® ( <i>valdecoxib</i> ) Cataflam® ( <i>diclofenac potassium</i> ) Celebrex® ( <i>celecoxib</i> ) Clinoril® ( <i>sulindac</i> ) Daypro® ( <i>oxaprozin</i> ) Feldene® ( <i>piroxicam</i> ) Lodine® /XL ( <i>etodolac</i> ) Mobic® ( <i>meloxicam</i> ) Motrin® ( <i>ibuprofen</i> ) Naprelan® ( <i>naproxen</i> ) Naprosyn® /DS ( <i>naproxen</i> ) Orudis® ( <i>ketoprofen</i> ) Oruvail® ( <i>ketoprofen</i> ) Relafen® ( <i>nabumetone</i> ) Salflex® ( <i>salsalate</i> ) Voltaren® /XL ( <i>diclofenac sodium</i> )
Proton Pump Inhibitors	<b>Generic:</b>  <b>Brand:</b> Prilosec OTC® ( <i>omeprazole</i> ) tablets Prevacid® ( <i>lansoprazole</i> ) capsules/powder Prevacid® SoluTabs ( <i>lansoprazole</i> )* *EPA required	<b>Generic:</b> omeprazole Rx  <b>Brand:</b> Aciphex® ( <i>rabeprazole</i> ) Nexium® ( <i>esomeprazole</i> ) Prilosec® Rx ( <i>omeprazole</i> ) Protonix® ( <i>pantoprazole</i> )

## Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Second Generation Antidepressants <i>*not subject to therapeutic interchange program (TIP).</i></p> <p><b>NEW!</b></p>	<p><b>Generic:</b> bupropion/SR** citalopram fluoxetine HCl mirtazapine/soltab paroxetine HCl</p> <p><b>Brand:</b></p>	<p><b>Generic:</b> fluvoxamine nefazodone</p> <p><b>Brand:</b> Celexa® (citalopram) Cymbalta® (duloxetine HCl) Effexor® /XR (venlafaxine) Lexapro® (escitalopram oxalate) Luvox® (fluvoxamine) Paxil® /CR (paroxetine HCl) Pexeva® (paroxetine mesylate) Prozac® /Prozac Weekly® (fluoxetine HCl) Remeron® /soltab (mirtazapine) Serzone® (nefazodone) Wellbutrin® /SR/XL (bupropion/SR) Zoloft® (sertraline)</p>
Skeletal Muscle Relaxants	<p><b>Generic:</b> baclofen cyclobenzaprine methocarbamol</p> <p><b>Brand:</b></p>	<p><b>Generic:</b> carisoprodol chlorzoxazone orphenadrine tizanidine</p> <p><b>Brand:</b> Dantrium® (<i>dantrolene</i>) Flexeril® (<i>cyclobenzaprine</i>) Lioresal® (<i>baclofen</i>) Norflex® (<i>orphenadrine</i>) Parafon Forte® (<i>chlorzoxazone</i>) Robaxin® (<i>methocarbamol</i>) Skelaxin® (<i>metaxalone</i>) Soma® (<i>carisoprodol</i>) Zanaflex® (<i>tizanidine</i>)</p>
Statin-type cholesterol-lowering agents	<p><b>Generic:</b> lovastatin</p> <p><b>Brand:</b> Lipitor® (<i>atorvastatin</i>) Pravachol® (<i>pravastatin</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Lescol® /XL (<i>fluvastatin</i>) Mevacor® (<i>lovastatin</i>) Zocor® (<i>simvastatin</i>)</p>

## Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Triptans	<b>Generic:</b> <b>Brand:</b> Amerge® ( <i>naratriptan</i> ) Axert® ( <i>almotriptan</i> ) Frova® ( <i>frovatriptan</i> ) Imitrex® injection ( <i>sumatriptan</i> ) Imitrex® nasal spray ( <i>sumatriptan</i> ) Imitrex® tablets ( <i>sumatriptan</i> ) Maxalt MLT® ( <i>rizatriptan</i> ) Relpax® ( <i>eletiptan</i> ) Zomig® /ZMT ( <i>zolmitriptan</i> )	<b>Generic:</b> <b>Brand:</b> Maxalt® ( <i>rizatriptan</i> ) Zomig® nasal spray ( <i>zolmitriptan</i> )
Urinary Incontinence	<b>Generic:</b> oxybutynin tablets/syrup  <b>Brand:</b>	<b>Brand:</b> Detrol® /LA ( <i>tolterodine</i> ) Ditropan® /XL ( <i>oxybutynin</i> ) syrup Oxytrol® ( <i>oxybutynin</i> ) transdermal Urispas® ( <i>flavoxate</i> )